



Opt Out Form

I am rejecting the offer of assumption by SafePoint Insurance dated October 20, 2016 and electing to continue my property insurance coverage with Citizens.

I understand and acknowledge that if I remain a Citizens policyholder:

- I may have to pay a special Citizens policyholder surcharge over and above my current policy premium if Citizens sustains significant losses; and
- The reduced coverages now being provided by Citizens are likely less comprehensive than the coverages offered by SafePoint Insurance Company; and
- I continue to be subject to required Citizens rate increases; and
- I continue to be subject to additional offers of coverage from other insurers in the future; and
- My Citizens renewal will be submitted through the Property Insurance Clearinghouse to determine whether private market coverage is available.

Policyholder Name: _____

Policy Number: _____

Insured Signature: _____ Date: _____

To avoid the transfer of your policy, complete and sign the enclosed form and return it to SafePoint by November 15, 2016

Fax to:
813-906-6474

Mail to:
SafePoint Insurance Company
P.O. Box 292547
Tampa, FL 33687-2547

Email to:
OptOut@safepointins.com